Essex Health Department www.essexct.gov

## 29 West Avenue Essex, Connecticut 06426

 $\square$  SINGLE EVENT

Phone: 860-767-4340 x118 Fax: 860-767-8509

## **Application for a Temporary Food Service Operation**

 $\ \square$  MULTIPLE EVENT (3 or more times/year)

NOTE: This application and all applicable information for each food service vendor must be submitted no later than two weeks (10 business days) prior to the event.						
Sponsor Name		Name of Event				
Spo	onsor's Address	Phone				
Date/Time of Event		Location of Event				
Foo	od Vendor Trade Name	Name of Food Vendor				
Na	me of Person(s) in Charge	Email & Phone				
1.	List all foods and beverages that will be served (include	condiments)				
2.	List all food sources					
3.	List all food types to be prepared on site					
4.	How will foods be delivered?					
5.	vegetables, etc.)?	examples: cooked, ready to serve meat, poultry, seafood, rice,				
6.	How will hot food be kept hot (above 140 degrees F)(exvegetables, etc.)?	kamples: cooked, ready to serve meat, poultry, seafood, rice,				

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7.	Provide type and lo	ocation of	hand washing a	and toilet facil	ities				
8.	Who is in charge of	f clearing/	cleaning any ta	bles for eating	;?				
9.	How will utensils, c	utting bo	ards, etc. be sar	nitized?					
10.	You must provide a as to minimize odo	-						ch a way	
11.	Please sketch out a Alcohol Distribution	-		ng: Food Bootl	ns, Restrooms,	Hand Washing	Facilities, Garbage,	Cans,	
Ple	Pa	ssex Buildi arks and R	ing Department ing Department Recreation if the coopers Office if	regarding and event takes p	y gas or grill typ place on town p	oe cooking equi property.	pment.		
I, the undersigned, hereby apply for a license to operate a Temporary Food Service Operation in the Town of Essex. If granted, I agree to comply with all applicable State Laws and Local Regulations.									
Prin	t Name			Signa	ature/Date:				
OFFICE USE ONLY - LOCAL HEALTH DEPARTMENT APPROVAL									
Apr	olication Approved? Y	/ES	No	Appi	oved by:		Date:		

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